

Officer / Agent:

(b) (6), (b) (7)(C)

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

Date Printed: 10/25/2012

Subject: , , ,

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b) (7)(E)	Incident Title: Agent (b) (6), (b) (7)(C) Shooting Incident	Orig. SIR No.: (b) (7)(E)	Event No.: (b) (7)(E)
Office: Office of Border Patrol	Owning Organization: Rio Grande Valley Sector/Rio Grande City Station	Reporting Official: (b) (6), (b) (7)(C)	Telephone Number: (b) (6), (b) (7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 03:41 Monday 5/31/2010	
Number of Subjects: 1	Number of Involved CBP Officers/Agents: 1	Other Offices / Agencies Involved:	

SECTION B - INCIDENT LOCATION INFORMATION

Address:		City: LA GRULLA	State: TX	County: STARR
ZIP Code: 78582	Country: US	Longitude: (b) (7)(E)	Latitude: (b) (7)(E)	
Character of Premises: Remote/Isolated, Uninhabited, Undeveloped/Open, Outdoors				
Illumination: -----				
If Natural Illumination: Night		If Artificial Illumination: Not Applicable, Strong moonlight, Night vision aided		
Environmental Conditions: Dry, Calm, Wooded area				Estimated Ambient Temperature (°F): 70
Additional Comments (relevant to the incident information page): On today's date, Border Patrol Agent (b) (6), (b) (7)(C), along with other members of the Rio Grande City station All Terrain Vehicle (ATV) Unit, were working an 8:00 p.m. to 4:00 a.m. shift in La Grulla, Texas. At approximately 1:00 a.m. the ATV Unit responded to a sensor south of (b) (7)(E). At approximately 02:30 a.m., SBPA (b) (6), (b) (7)(C) (ATV Unit Supervisor) observed a group of approximately 25 subjects going north away from the sensor's location. The group of 25 subjects was eventually guided into a sorghum field, where SBPA (b) (6), (b) (7)(C) lost visual of the group. At approximately 3:40 a.m., SBPA (b) (6), (b) (7)(C) heard several dogs in the (b) (7)(E) neighborhood start barking, and not long after that, he heard 2 gun shots. The gun shots sounded like they came from a different part of the neighborhood, away from the area they were working. This is a common occurrence in this area. At approximately 4:25 a.m., Agent (b) (6), (b) (7)(C) notified SBPA (b) (6), (b) (7)(C), via his cell phone, that he had discharged his weapon in self defense. Agent (b) (6), (b) (7)(C) advised SBPA (b) (6), (b) (7)(C) that he had lost track of time, before notifying him of the shots fired, while chasing the group and trying to affect an arrest. According to Agent (b) (6), (b) (7)(C), he had been layed in south of the neighborhood, along the West Road, when 4 to 5 scouts found him hidden in the brush. The subjects had seen him hidden in the				

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b) (6), (b) (7)(C)	Title: BORD PATRL AGT	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: Rio Grande Valley Sector/Rio Grande City Station			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 8 State: 0 Local: 0	Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operational Activity: Linewatch			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information: N/A
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date: 03/22/2010	Qualification Score: 284	
Serial Number: (b) (6), (b) (7)(C)	Manufacturer: (b) (7)(E)	Model Name/Number: (b) (7)(E)	Caliber: (b) (7)(E)
Type: Pistol	Round Type (if Shotgun): Shot	Rounds Fired: 2	
Firearm Shooting Information:			
Posture: Kneeling	Posture Orientation: Side Towards		
Cover Usage: No Cover	Weapon Grip: Gun hand only		
Target Elevation: At/Above Eye Level	Aiming Method: Point Aim		
Firing Mode: Semi-automatic	Estimated Distance (Express in Yards): Minimum: 10 Maximum: 15		
Collateral Damage: <input checked="" type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage: N/A			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:		
Device:		Device Type:
Description:		
Intermediate Device Deployment Information:		
Posture:		Posture Orientation:
Cover Usage:		Weapon Grip:
Target Elevation:		Aiming Method:
Firing Mode:		Estimated Distance (Express in Yards): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Time Needed for Decontamination (Express in Minutes): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

Other Force Information:		
Device Type:		Description:
Comments:		
Other Force Deployment Information:		
Posture:		Posture Orientation:
Cover Usage:		Estimated Distance (Express in Yards): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION*(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training (in addition to Basic Academy) Assisted the Involved Officer/Agent:
Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle):		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown				
Type: Unknown		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number: UNKNOWN	Manufacturer: UNKNOWN	Model Name/Number: UNKNOWN	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): <input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental				
Subject Other Weapon Information (NOT Firearm): Rocks				

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject:	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

ADDITIONAL COMMENTS

Additional Comments for Incident:

brush and attempted to flush him out. The subjects surrounded him and started throwing rocks at Agent (b) (6), (b) (7)(C). Fearing for his life, he discharged his weapon twice at the subjects. Agent (b) (6), (b) (7)(C) actions stopped the threat and the subjects absconded into the brush. A search was conducted for the subjects with the assistance of OAM aerial unit. The search yielded negative results. At the scene, SBPA (b) (6), (b) (7)(C) secured the area and met with (b) (7)(E). (b) (7)(E) concluded their investigation. All notifications and reporting requirements were met.

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)
